



## Application for Membership

Name: \_\_\_\_\_

County: \_\_\_\_\_

Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

List any HR or related certifications you have: \_\_\_\_\_

Briefly describe your duties and level of responsibility in your county's HR program: \_\_\_\_\_

Type of membership (see bylaws for detailed description of membership types):

- Active (\$40.00) - Designated primary HR Officer for county  
 Associate (\$25.00) - All other HR personnel in county

Membership Fees & Payment: To ensure inclusion in the membership directory and have access to the members only section of the TACHRP website, membership fees are due by March 31<sup>st</sup> of each year.

- Check enclosed  Please invoice me

Committees: I would be interested in serving on the following committees:

- Membership  Legislative  Education/Programs

Mail completed applications & fees to: Patricia Patton, Ector County HR Director

1010 E. 8<sup>th</sup> Street, Room 630  
Odessa, TX 79761  
(432)498-4025 - Phone  
(432)498-4097 - Fax

I certify that I qualify for the membership level for which I have applied:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date